

Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: Marion

LCC: Drug Free Marion County

Date Due: July 31, 2014

Date Submitted: July 31, 2014

New Plan

Plan Update X



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Plan Summary

Mission Statement: Drug-Free Marion County, Inc., a not-for-profit organization, plans, promotes, implements, and coordinates community efforts to prevent and reduce abuse of alcohol, tobacco, and other drugs among youth and adults.

History: Drug-Free Marion County was formed in 1998 as a restructured Local Coordinating Council for Marion County. The organization was incorporated in 2000 and we received our 501c3 non-profit status in 2001. Since that time we have obtained several grants to expand our opportunities and meet some identified needs in the community.

In 2001, we were one of 15 cities selected to participate in the Demand Treatment! Project funded by the Robert Wood Johnson Foundation and administered by the Join Together Organization, Boston University School of Public Health. This grant focused on expanding substance abuse treatment access through screening in primary healthcare settings. That project officially ended in 2003, but the strategy of implementing SBIRT (Screening, Brief Intervention, Referral and Treatment) is still being implemented.

Also in 2001, we received a Drug-Free Communities Support Program (DFCSP) grant from the Office of Juvenile Justice and Delinquency Prevention. Through this grant we created a separate Youth ATOD Prevention Coalition and implemented the Strategic Prevention Framework in several communities within Marion County. We were also able to bring on board a Project Coordinator and part-time Clerical Assistant to assist with implementation and other tasks. We completed the fifth year of funding, but our proposal for the first of an additional five years was not approved.

The DFCSP allowed us to implement some new initiatives during the last year, including setting up a specific Youth ATOD Prevention Coalition, a media campaign focused on parent education, a parent booklet entitled "Start Talking Before They Start Using" and parent surveys and focus groups to assess the level of parent awareness and perception of youth use of ATOD in Marion County.

Early in 2003, we also received a one-time grant from the Hoover Foundation. These dollars are being used to print a comprehensive Treatment Provider Directory for Marion County. This project began in 2002 with developing a database and conducting a subsequent survey of local providers. Thus far, we have printed and distributed more than 3,000 of these directories to schools, libraries, law enforcement, the courts, treatment and healthcare providers and others. Additionally, the directory is available on our website, www.drugfreemarioncounty.org, in a searchable format.

In late 2003, we were awarded a grant from the Nina Mason Pulliam Charitable Trust to implement an SBIRT pilot project which partnered several healthcare clinics with treatment providers to identify substance use among their clients. The project proved especially successful at the Bellflower Clinic with their STD/HIV patients. The project also led to instituting a screening process at the Arrestee Processing Center.

In 2002, we also produced and distributed our first substance abuse report entitled, “A Community At-Risk: Drug-Free Marion County’s SNAPSHOT of Alcohol, Tobacco and Other Drug Use.” This report includes data and trends on 17 key indicators including: youth drug use, tobacco sales to minors, juvenile and adult drug offenses, arrestee drug test results, drug seizures, alcohol related crashes, drug related deaths and addiction treatment recipients. The 6th edition of the SNAPSHOT was produced in 2009. This publication was primarily funded through local results dissemination dollars from the ADAM (Arrestee Drug Abuse Monitoring) Project, which was defunded in 2007. We are exploring the possibility of producing an online version of the SNAPSHOT as an Executive Summary of a local epidemiological report on substance use and its impacts on the community.

Also in 2002, we were asked to serve as the Local Coordinating Council for the Indianapolis ADAM Project. Directed by the National Institute of Justice (NIJ), the ADAM Project gathered data from testing adult arrestees for illegal drug use. Our role was to integrate the data into local planning and assist with dissemination of results to a broader audience. Some of the ADAM data has been included in the SNAPSHOT mentioned previously. The ADAM project ended in December 2004. A second project, known as ADAM II, began in 2007. Similar to the first ADAM project, ADAM II only measures illegal drug use by males. Funds for dissemination of results is not included in ADAM II.

During 2002 we created our website, www.drugfreemarioncounty.org. This website was updated in January of 2010 and includes not only general information about the organization, activities and grant projects, but also has copies of our Comprehensive Community Plan, the SNAPSHOT and Provider Directory and other resources. We have a Parent page to coincide with our education and awareness efforts aimed at this population. We also place our annual Drug Free Community Fund application online.

In 2007, we received a Strategic Prevention Framework - State Incentive Grant from the Indiana Division of Mental Health & Addictions. The focus of this grant is preventing and reducing underage and binge drinking. It has given us the opportunity to prepare a comprehensive epidemiological study of alcohol use and consequences as well as other related information. The funded project ended in June of 2011. However, we have continued to devote time and energy to youth drinking prevention, especially in the areas of access and availability. This has resulted in continuing attention to local alcohol outlet density and licensing issues.

In 2008, we created a monthly newsletter, now entitled the Drug Free Family Newsletter. This is directly distributed to more than 200 recipients and the cover story is sometimes included in the Mayor's newsletter. The newsletter can also be found on our website.

In October of 2011, we received funding to begin years 6 - 10 of a new DFCSP grant. During these 5 years we are looking to reduce youth use of primarily marijuana and alcohol. We created a new coalition named the Northeast Prevention Partnership (NPP) that assists us with implementing strategies to meet our goals. The NPP is comprised of community leaders, residents and organizations from an area that is generally bordered

by 56th Street on the north, I-465 on the east, I-70 on the south and Keystone Avenue on the west.

Our Board of Directors currently meets on a monthly basis at least for the remainder of this year to focus on financial development and sustainability issues as a result of primarily a significant decrease in our local Drug Free Community Funds. Channel 16, our local government cable channel, televises our Annual Meeting and some board meetings throughout the year. This has significantly increased our exposure to a broader community audience. In addition to our regular business meetings, we often have guest presenters give us information on various topics. Besides a 7-17 member board, there are six standing committees: Executive, Finance, Program & Public Policy, Public Awareness/Development, Review & Evaluation and our new Governance Committee. The NPP is also part of our current organizational structure. We have approximately 75 individuals from our board, grantee organizations, concerned citizens and other interested parties actively participating on our committees and the NPP.

Summary of the Comprehensive Community Plan:

This plan was created over a period of more than six months as various groups met to assist us in putting this document together. The effort and time put into this task by the committees and other groups is a testament to their commitment to helping DFMC create a plan with more targeted and measurable objectives and goals.

Our Program Committee began discussing data sources and determining the most pressing priorities at their monthly meetings beginning in February. Ultimately, we established three task forces: Prevention, Treatment and Criminal Justice to work separately on each section of the plan. These groups met to discuss priorities and search out relevant data. Follow-up included contacts with key community leaders or informants in the key areas and the exchange of ideas and relevant data.

Finally, the Program Committee reviewed and refined the final draft to submit our board for approval.

Geographic Area Served:

Marion County/Indianapolis has a population of over 900,000 residents. The county includes both urban and suburban districts. There are eleven school districts within the county borders. The inner city hosts manufacturing and industrial businesses as well as some retail outlets. The suburban areas have more residential and retail space and less manufacturing and industrial businesses. There are small and medium-sized businesses as well as large corporate offices throughout the county.

Grant Process:

Drug Free Marion County solicits proposals from the community via an RFP (Request for Proposal) process. We host a Bidder's Conference to share important information about

completing the application, submitting proposals, how proposals are evaluated and timeframes for review and approval.

We enlist a Review Panel of at least 15 individuals to read and review the proposals. (No more than 1/3 of the panel can be board members.) Their recommendations for funding are then reviewed by our Board of Directors. Our recommendations then go directly to the City-County Council for final approval.

Monitoring Role:

Drug-Free Marion County monitors progress of those programs funded by the County Drug-Free Communities Fund through several methods. Each program is required to submit quarterly Program and Financial Reports to our office. The Executive Director also conducts site visits as necessary. In addition, our Evaluation & Review Committee members are assigned specific projects to follow throughout the year. This provides some continuity in the reviews and observations as they relate to the reports submitted.

Membership List

County LCC Name:

#	Name	Organization	Race	Gender	Category
1	Honorable Bill Nelson	Marion Superior Court	Caucasian	Male	Judiciary / Law Enforcement
2	Becky Droeger	Disciple Data	Caucasian	Female	Business
3	Clance Laturner		Caucasian	Female	Other
4	Bryston Cutter	AIT	Caucasian	Male	Business
5	Dean Babcock	Eskenazi / Midtown	Caucasian	Male	Treatment
6	Shaunesste Terrell	Marion Co. Prosecutor's Office	Caucasian	Female	Law Enforcement
7	Dawn Jones	Indianapolis Star	African-American	Female	Media
8	Stan DeKemper	Unlimited Synergy	Caucasian	Male	Treatment
9	Jason Tolliver	Cassidy-Turley	Caucasian	Male	Business
10	Debra Buckner	Marion Co. Health Dept.	African-American	Female	Health
11	Jeff Yanis	Marion Co. Drug Treatment Ct.	Caucasian	Male	Criminal Justice
12	Ken Shields	Salvation Army	Caucasian	Male	Treatment
13	Adria Hunter	Boys & Girls' Clubs	African American	Female	Youth Serving Agency
14	Nate Rush	Bethlehem House	African American	Male	Treatment

15	Kim Manlove	Indiana Addictions Issues Coalition	Caucasian	Male	Recovery Advocacy
16	Ann Hansen	Indianapolis Public Schools	Caucasian	Female	Education
17	Dr. Ruth Lambert	IN Healthy Marriage & Family Coal.	African American	Female	Prevention Organization
18	Beatriz Beverly	Stop The Violence	African American	Female	Community Organization
19	Latonya Littlejohn	Hearts Landing	African American	Female	Housing
20	Betty Robinson	Community Alliance of the Far Eastside	African American	Female	Community Service Center
21	Dennis Ailes	IN Div. of Mental Health & Addictions	Caucasian	Male	State Agency
22	Vickie Driver	Oxford Neighborhood Association	African American	Female	Neighborhoods
23	Fred Dorsey	YMCA	African American	Male	Youth Serving Organization
24	Harold Kooreman	Fairbanks / IU Center for Health Policy	Caucasian	Male	Other
25	Anthony Beverly	Stop The Violence Indy	African American	Male	Community Organization
26	Clarke Kahlo	Meridian-Kessler Neighborhood Assoc.	Caucasian	Male	Neighborhoods
27	Mary Walker	Meridian-Kessler Neighborhood Assoc.	Caucasian	Female	Neighborhoods
28	Jim Naff	Devington Neighborhood Assoc.	Caucasian	Male	Neighborhoods
29	Cindy Jackson	Indianapolis Public Schools	Caucasian	Female	Education
30	Douglas Hairston	Mayor's Office	African American	Male	Government
31	Calvin Robison	Indiana Minority Health Coalition	African American	Male	Health
32	Marilyn Pfisterer	City-County Council	Caucasian	Female	Government
33	Capt. Bob Holt	Indianapolis	Caucasian	Male	Law

		Metropolitan Police Dept.			Enforcement
34	Don Rix	Big Red Liquors	Caucasian	Male	Business
35	Gloria Fletcher	Gallahue	African American	Female	Treatment
36	James Dix	Marion Co. Public Health Dept.	African American	Male	Health
37	Lisa Brueggeman	Marion Co. Probation	Caucasian	Female	Law Enforcement
38	Michelle Quarles	IN National Guard	African American	Female	Other
39	Sgt. Bill Carter	Indianapolis Metropolitan Police Dept.	Caucasian	Male	Law Enforcement
40	Sandy Jeffers	Pathway to Recovery	Caucasian	Female	Treatment
41	Rhiannon Williams	PACE	African American	Female	Community Service Organization
42	Paula French	Step-Up	Caucasian	Female	Treatment
43	Dan Brown	Aspire	Caucasian	Male	Mental Health
44	Britanny Kronmiller	John Boner Center	Caucasian	Female	Community Service Organization
45	Charlotte Pontius	Craine House	Caucasian	Female	Treatment
46	Joenne Pope	Indy Parks & Recreation	Caucasian	Female	Youth Serving Organization
47	Kay Wiles	HealthNet	Caucasian	Female	Treatment

Problem Identification

A. Problem Statement #1: The use of alcohol and marijuana by Marion County youth in 6th, 8th and 10th grade is at or above state and national averages; their marijuana use continues to be well above these averages.

B. Supportive Data:

- Marion County 6th and 8th grade students report higher monthly usage of alcohol and daily binge drinking than other students in the state and /or nation.

% Reporting Monthly Alcohol Use & Binge Drinking (2012 IPRC Surveys):

Marion County	State	National (2011)
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	Alc/Binge	Alc/Binge	Alc/Binge
6 th Grade	7.5 / 10.3	4.7 / 5.5	NA
8 TH Grade	19.5 / 16.5	16.5 / 11.2	12.7 / 6.4

- Marion County 6th, 8th and 10th grade students report significantly higher monthly usage of marijuana than other students in the state and /or nation

% Reporting Monthly Marijuana Use (2012 IPRC Surveys):

	Marion County	State	National (2011)
6 th Grade	6.1	1.3	NA
8 TH Grade	18.3	8.0	7.2
10 th Grade	21.4	15.4	17.6

- The current mean age for first time use of marijuana by Marion County 6th grade students is 11.3 years and 13.4 years for students in grades 6 - 12 (2012 IPRC Surveys)
- Marion County 6th and 8th grade students believe there is a greater risk from smoking a pack of cigarettes than smoking marijuana regularly or binge drinking weekly (2012 IPRC Survey)
- Significantly more students believe it's not wrong to smoke marijuana than smoke cigarettes or drink alcohol (IPRC 2012 Surveys)

End of Year 1 Update:

- Not a single Marion County Public school administered the 2013 IPRC Survey, so no survey results are available.

End of Year 2 Update:

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Final Update (end of Year 3):

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C. Goals:

- Increase the Mean Age of First Time Use of Marijuana by 1 year for youth whose lives are touched by DFMC programs and grants.

2. Decrease by 1% the number of Marion County youth reporting 30 day use of alcohol or marijuana.

End of Year 1 Annual Benchmarks:

1. Not a single Marion County Public school administered the 2013 IPRC Survey, so no survey results are available.

End of Year 2 Annual Benchmarks:

- 1.
- 2.
- 3.

Final Report (end of Year 3):

- 1.
- 2.
- 3.

D. Objectives:

- A. Support evidence-based prevention programs and strategies.
- B. Support non-punitive initiatives, such as drug screening, Student Assistance Programs, etc.
- C. Support implementation of school-based ATOD prevention curricula.
- D. Support programs that reduce underage drinking.
- E. Support programs that reduce initiation (first-time) and use of marijuana.
- F. Promote and support awareness and use of DFMC's educational booklets and treatment resources by prevention providers, schools and youth-serving organizations.

End of Year 1 Update:

1. DFMC providing grant funds to Boys & Girls Clubs, John Boner Center and Indy Parks to address Objective A. *SEE: Drug Free Community Fund Financial Report* (Final results provided at end of 2014 grant cycle)
2. DFMC is implementing Strengthening Families Program training at schools, churches and community centers which addresses Objectives A, D and E.
3. DFMC routinely promotes and distributes our prevention resources/booklets for parents at all community events we attend.

End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #2: Adults are not sufficiently aware of the level of youth marijuana and alcohol use nor the potential risks and consequences of their use by young people in Marion County.

B. Supportive Data:

1. 1.2% of 8th grade students, 2.9% of 10th grade students and 4.0% of 12th grade students in Marion County report drinking alcohol more than 20 times within the last 30 days (2012 IPRC Survey)
2. 1.6% of 8th grade students, 3.8% of 10th grade students and 10% of 12th grade students in Marion County report using marijuana more than 20 times within the past 30 days (2012 IPRC Survey)
3. 9.1% of 8th grade students, 10.4% of 10th grade students and 16.9% of 12th grade students believe their parents don't think their drinking alcohol would be wrong (2012 IPRC Survey)
4. 12.0% of 8th grade students, 12.0% of 10th grade students and 19.1% of 12th grade students believe their parents don't think their use of marijuana would be wrong (2012 IPRC Survey)
5. In a recent survey of more than 200 parents in one Marion County school district, more than 50% believe 9th grade students use less alcohol than reported and 43% believe youth use less marijuana than reported (2012 Drug Free Marion County Parent Survey)

End of Year 1 Update:

1. Not a single Marion County Public school administered the 2013 IPRC Survey, so no survey results are available.
2. No parent surveys administered to collect results re: their perceptions of youth alcohol and drug use thus far in 2014.
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End of Year 2 Update:

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Final Update (end of Year 3):

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C. Goals:

1. Increase parent disapproval of alcohol and drug use among youth in Marion County by 1%
2. Increase awareness of alcohol and drug use among parents of youth whose lives are touched by DFMC programs and grants by 5%

End of Year 1 Annual Benchmarks:

1. Not a single Marion County Public school administered the 2013 IPRC Survey, so no survey results are available.
2. No parent surveys administered to collect results re: their perceptions of youth alcohol and drug use thus far in 2014.
3. DFMC did not provide grants to any organizations to address these goals in 2014.

End of Year 2 Annual Benchmarks:

- 1.
- 2.
- 3.

Final Report (end of Year 3):

- 1.
- 2.
- 3.

D. Objectives:

- A. Implement evidence-based educational prevention programs targeting adults.
- B. Collaborate with faith-based and community organizations to provide education to parents.
- C. Support initiatives for parents of at-risk youth.
- D. Support initiatives that improve local collection of data regarding adult perceptions and awareness of youth ATOD use.
- E. Support programs and initiatives that increase parental disapproval of youth ATOD use.
- F. Promote and support use of DFMC's "Start Talking Before They Start Using"* booklet. (*Publication soon to be revised and reprinted under the title "Parents Field Guide to Raising Drug Free Youth.")

End of Year 1 Update:

1. DFMC is implementing Strengthening Families Program training at schools, churches and community centers which addresses Objectives A, B and C.
2. DFMC did not provide grants to any organizations to address these objectives in 2014.
3. DFMC routinely promotes and distributes our prevention education resources/booklets for parents at all community events we attend.
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End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #3: There is an increasing lack of funding to support adequate collection of data regarding ATOD use by youth. This negatively affects both assessment of local youth substance use and implementation of effective prevention strategies.

B. Supportive Data:

1. As a result of eliminating Safe & Drug Free Schools funding, some local schools have ceased to implement student ATOD use surveys to capture the level of use among their student populations.
2. In 2009, a total of 9,770 Marion County students took the annual ATOD prevalence survey. In 2012, only 3,407 students participated in the survey.

End of Year 1 Update:

1. In 2013, not one single public school in Marion County administered the student ATOD use surveys.
- 2.

End of Year 2 Update:

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Final Update (end of Year 3):

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C. Goals:

1. Increase the number of school districts and/or corporations who administer the IPRC ATOD Prevalence Survey to their student populations.

End of Year 1 Annual Benchmarks:

1. DFMC providing financial support to Indianapolis Public Schools to not only administer the IPRC ATDO Prevalence Survey this year, but also to expand the number of schools and students participating. *SEE: Drug Free Community Fund Financial Report*
2. DFMC is working with other Marion County school districts to encourage them to administer the surveys next year (2015).

End of Year 2 Annual Benchmarks:

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- 2.
- 3.

Final Report (end of Year 3):

- 1.
- 2.
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D. Objectives:

- A. Support increased resources for schools to implement substance use surveys among their students.
- B. Increase the number of number of collaborative partners who assess and collect data about youth substance use in Marion County (ie. churches, youth-serving organizations, community centers).

End of Year 1 Update:

1. DFMC providing financial support to Indianapolis Public Schools to not only administer the IPRC ATOD Prevalence Survey this year, but also to expand the number of schools and students participating.
2. DFMC is talking with other organizations about collecting data re: substance use by youth they work with utilizing other survey tools and options.

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End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #4: There are an insufficient number of residential detox beds and services available to meet the current need, especially for those with limited resources.

B. Supportive Data:

1. During 2012 Salvation Army Harbor Light detox unit turned away 14.8 individuals per day.
2. Salvation Army Harbor Light Center is the only provider of detox services in Marion County for low income individuals. They currently have 26 detox beds.
3. The 2013 Single Night Street and Shelter Count reported that chronic substance abuse problems are the number one health condition, affecting nearly one in three homeless individuals in Marion County.

End of Year 1 Update:

1. Salvation Army Harbor Light Center currently have approximately 30 individuals on their daily wait list for residential detox services. (NOTE: Implemented a new procedure for measuring detox waiting list.)
2. Salvation Army Harbor Light Center still has 26 detox beds, with maximum capacity for 34 individuals with additional staffing.

End of Year 2 Update:

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Final Update (end of Year 3):

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C. Goals:

1. Support detox services available to individuals who are intoxicated or at imminent risk of withdrawal.

End of Year 1 Annual Benchmarks:

1. DFMC is providing financial support to Salvation Army Harbor Light in 2014 to support their detox services.

End of Year 2 Annual Benchmarks:

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Final Report (end of Year 3):

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D. Objectives:

- A. Provide increased diversity of services to individuals with limited financial resources.
- B. Support programs that increase access to services for individuals who are intoxicated or risk of imminent withdrawal.
- C. Collect data regarding: referrals for detox and engagement center, admissions and calls/requests for detox and length of stay.
- D. Support and promote awareness and use of DFMC Treatment Provider Directory by detox services providers.

End of Year 1 Update:

1. DFMC is providing financial support to Salvation Army Harbor Light in 2014 to support their detox services and address Objectives A, B & C. *SEE: Drug Free Community Fund Financial Report*
- 2.

End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #5: The number of individuals who complete treatment is directly impacted by their unmet functional needs (i.e.-employment, housing, child care, transportation, etc.)

B. Supportive Data:

1. “Effective treatment attends to multiple needs of the individual, not just his or her drug use. Treatment must address the individuals’ drug use and associated medical, psychological, social, vocational and legal problems.” (Principle #3 of the 13 Principles of Addiction Treatment, National Institute on Drug Abuse.)
2. During 2012, Family Services reported the number of individuals assessed with substance abuse disorder that began treatment increased by 21.5% compared to those beginning treatment prior to the addition of the Client Advocate position in 2005. In addition, 21% more clients completed treatment compared to 2005.
3. During the first six months of 2013, Gallahue Assisted Living Program showed that 75% of clients that participated in a minimum of one week of residential support services continued in some type of treatment beyond that residential support.
4. There are only 10 providers of after-care case management or care coordination services listed in our current Treatment Provider Directory.

End of Year 1 Update:

1. Due to lack of adequate funding, Family Services has dropped their Client Advocate position, so further updates are not available this year.
2. During 2013, Gallahue Assisted Living Program showed that 75% of clients that participated in a minimum of one week of residential support services continued in some type of treatment beyond that residential support
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End of Year 2 Update:

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Final Update (end of Year 3):

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C. Goals:

1. Increase by 5% the number of individuals engaged in treatment for 90 days or longer whose lives are touched by DFMC programs and grants
2. Increase by 10% the number of providers who offer community-based case management services

End of Year 1 Annual Benchmarks:

1. Results of 2014 grantees addressing these goals will not be available until 1st quarter of 2015. Will be included in Year 2 Update.
- 2.

End of Year 2 Annual Benchmarks:

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- 3.

Final Report (end of Year 3):

- 1.
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D. Objectives:

- A. Increase the number of treatment providers who provide coordination/and or resource coordination for their clients.
- B. Support community-based case management service models for addicted individuals.
- C. Support training of treatment providers in the utilization of community-based case management approaches in providing services.
- D. Support treatment programs that develop services to meet basic functional needs.
- E. Collect data from treatment providers regarding: retention rates, client service needs, number of services delivered and case management approaches used.
- F. Develop baselines measurement of providers who offer community-based case management services.
- G. Promote and support use of DFMC Treatment Provider Directory by treatment providers and referral agencies.

End of Year 1 Update:

1. DFMC providing financial support to PACE and Healthnet/Homeless Initiative Program to address Objective B. *SEE: Drug Free Community Fund Financial Report*
2. DFMC providing financial support to Gallahue and Pathway to Recovery to address Objective D. *SEE: Drug Free Community Fund Financial Report*
3. DFMC is a member of the ATR Coalition for Marion County that is looking at ways to sustain the case management and services provided through that grant for the last several years.

End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #6: Marion County has experienced a significant increase in the use of heroin and other opiates that is directly impacting law enforcement efforts and public safety.

B. Supportive Data:

1. Compared to 2010, IMPD Forensics had a 65% increase in heroin cases in 2011 and a 38% increase in heroin cases in 2012
2. The Marion County Coroner reports the following heroin-related or heroin overdose deaths for the last 3 years:
2011 – 48 2012 – 77 2013 (thru June) - 49

End of Year 1 Update:

1. The total number of forensic cases decreased from 764 in 2012 to 714 in 2013, while the number of evidence items increased from 512 to 1,056.
2. The Marion County Coroner's office reported 110 heroin-related or heroin overdose deaths in 2013

End of Year 2 Update:

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Final Update (end of Year 3):

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C. Goals:

1. Reduce the number of heroin cases assessed by IMPD Forensics by 5%
2. Reduce the number of heroin-related and heroin overdose deaths

End of Year 1 Annual Benchmarks:

1. Recent changes to allow IMPD officers to administer Narcan to those who are experiencing a heroin overdose is expected to reduce both the number of heroin cases as well as deaths in 2014
- 2.

End of Year 2 Annual Benchmarks:

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- 3.

Final Report (end of Year 3):

- 1.
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D. Objectives:

- A. Support use of evidence based drug treatment diversion programs.
- B. Support assessment and treatment for juveniles arrested for drug related crimes.
- C. Support initiatives that improve local collection of data regarding use of drugs by those committing crimes.
- D. Support increased resources for the Public Defender's Office, Prosecutor's Office and Probation Department for handling drug-related cases.
- E. Support increased resources for local law enforcement agencies and other organizations in combating criminal activity related to heroin/opiates and other drugs.
- F. Support efforts to collect and dispose of unused/unwanted prescription painkillers.

End of Year 1 Update:

1. DFMC providing financial support to Drug Treatment Court – Diversion and Re-entry programs to address Objective A. *SEE: Drug Free Community Fund Financial Report*
2. DFMC providing financial support to Step-Up to address Objective C. *SEE: Drug Free Community Fund Financial Report*
3. DFMC providing financial support to Craine House to address Objective D. *SEE: Drug Free Community Fund Financial Report*
4. Both the Marion County Sheriff's Dept. and Lawrence Police Dept. have installed 24 hour medication drop boxes in each of their locations. Anticipate Beech Grove and Speedway Police Departments will also have them before end of the summer.
5. DFMC is active member of the Health Education & Safety Coalition (formerly Heroin Roundtable) that discusses, plans and supports efforts to address the local heroin and opiate epidemic.

End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #7: The application and enforcement of alcohol regulations is insufficient and too inconsistent to adequately address the number of alcohol permit holders. This has led to increased drinking by minors and likely contributes to an increase in community violence.

B. Supportive Data:

1. Between August 2012 and June 2013, ten restaurants and night clubs were raided for underage drinking violations. Some venues had large numbers of minors present, including 60 at one location and more than 80 at another.
2. Marion County has in excess of 1,800 alcohol beverage permits and only one nuisance abatement officer.
3. Per the total number of excise officers in the state, only 12.5 are assigned to District 6, which includes Marion and 10 other counties.
4. State officials and local alcohol board members do not receive information or reports on the number or nature of local police runs to problem establishments.

5. Various studies have shown there is a strong link between alcohol availability/access, consumption by minors and violent crime. (US Dept. of Justice/ Bureau of Justice - 2006, WHO – Alcohol and Youth Violence, and others)
6. The number and percent of Excise citations to Marion County permit holders.

Year	# of Excise Citations	Sales to Minors	%	Minors in Tavern	%	Nuisance	%
2012	184	54	29.3%	37	20%	8	4.3%
2011	442	155	35.1%	127	28.7%	9	2.0%
2010	272	98	36%	72	26.5%	7	2.6%

7. In some cases, appeals of violations drag out for years while those cited continue to operate via extended requests for continuances, putting the community's public safety at risk. (3+ years in one instance and 2+ years in another)

End of Year 1 Update:

1.

Year	# of Excise Citations	Sales to Minors	%	Minors in Tavern	%	Nuisance	%
2013	271	34	12.5%	29	10.7%	2	.07%

The Alcohol Tobacco Commission reports that a significant backlog of excise citations had accumulated. They have since hired a new prosecutor fulltime and added additional staff to improve their efficiency. The new prosecutors stated goal is to process each incident report in 30 days or less.

End of Year 2 Update:

- 1.
- 2.
- 3.
- 4.
- 5.

Final Update (end of Year 3):

- 1.
- 2.
- 3.
- 4.
- 5.

C. Goals:

1. Increase enforcement of alcohol regulations to reduce violence and consumption levels by minors

2. Decrease in the number and percent of excise citations for sales to minors and minors in taverns

End of Year 1 Annual Benchmarks:

1. The number and percent of excise citations for sales to minors and minors on the premise have decreased significantly. The types of citations issued in 2013 focused on issues beyond the compliance checks that excise police have been conducting in recent years. It is too early to determine if the drop in incidence is due to a change in enforcement patterns or sales patterns.

End of Year 2 Annual Benchmarks:

- 1.
- 2.
- 3.

Final Report (end of Year 3):

- 1.
- 2.
- 3.

D. Objectives:

- A. Support efforts to work with state and local officials to increase and improve enforcement of alcohol regulations
- B. Support improvements in fine assessment procedures to increase deterrents.
- C. Support initiatives that seek to identify and improve existing law or policy changes that address gaps or lack of follow-through in the current regulatory system.
- D. Support education and training for owners of alcohol establishments regarding best practices in alcohol sales and service.
- E. Support education and training for law enforcement officers regarding issuing of citations for alcohol regulation violations.

End of Year 1 Update:

1. DFMC continues to work with local and state officials to review and implement needed changes to alcohol regulatory system to address Objectives A, B & C.
- 2.

End of Year 2 Update:

- 1.
- 2.
- 3.
- 4.
- 5.

Final Update (end of Year 3):

- 1.
- 2.
- 3.
- 4.
- 5.

Please attach the County's Fiscal Report for review!

Next Annual Update Due: 8-1-2015

Next Comprehensive Community Plan Due: 8-1-2016

Date of Community Consultant Review:

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

Initials: RPM